Fill in this information to identify your case:		
United States Bankruptcy Court for the:		
DISTRICT OF DELAWARE		
Case number (if known)	Chapter you are filing under:	
	■ Chapter 7	
	☐ Chapter 11	
	☐ Chapter 12	
	☐ Chapter 13	☐ Check if this is an amended filing

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/17

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Pai	rt 1: Identify Yourself			
		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):	
1.	Your full name			
	Write the name that is on your government-issued picture identification (for example, your driver's license or passport).	Carl First name M. Middle name	First name Middle name	
	Bring your picture identification to your meeting with the trustee.	Washington Last name and Suffix (Sr., Jr., II, III)	Last name and Suffix (Sr., Jr., II, III)	
2.	All other names you have used in the last 8 years	9		
	Include your married or maiden names.			
3.	Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)	xxx-xx-8449		

Debtor 1 Carl M. Washington

Case number (if known)

Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years Include trade names and doing business as names		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
		I have not used any business name or EINs. Business name(s) EINs	☐ I have not used any business name or EINs. Business name(s) EINs
5.	Where you live	4 Ridley Ct	If Debtor 2 lives at a different address:
		Number, Street, City, State & ZIP Code	Number, Street, City, State & ZIP Code
		New Castle County	County
		If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.	If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.
		Number, P.O. Box, Street, City, State & ZIP Code	Number, P.O. Box, Street, City, State & ZIP Code
6.	Why you are choosing this district to file for	Check one:	Check one:
	bankruptcy	Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.	Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.
		☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)	☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)

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Case number (if known)

7.	The chapter of the Bankruptcy Code you are	Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)). Also, go to the top of page 1 and check the appropriate box.					
	choosing to file under	■ Chapte	er 7				
		☐ Chapte	er 11				
		☐ Chapte	er 12				
		☐ Chapte	er 13				
8.	How you will pay the fee	abou	ut how yo er. If your	pay the entire fee when I file my petition. Please check with the clerk's office in your local cout how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's. If your attorney is submitting your payment on your behalf, your attorney may pay with a credit printed address.			
			I need to pay the fee in installments. If you choose this option, sign and attach the Application for Indiv. The Filing Fee in Installments (Official Form 103A).				
		☐ I red but i appl	quest that is not req ies to yo	at my fee be waive uired to, waive your ur family size and yo	d (You may request this option fee, and may do so only if you are unable to pay the fee in	n only if you are filing for Chapter 7. By law, a judge ur income is less than 150% of the official poverty I in installments). If you choose this option, you must	ine that
		the A	Аррисац	on to have the Chap	oter / Filing Fee Walved (Onli	ial Form 103B) and file it with your petition.	
9.	Have you filed for bankruptcy within the	■ No.					
	last 8 years?	☐ Yes.					
			District		When	Case number	
			District		When	Case number	
			District		When	Case number	
10.	Are any bankruptcy cases pending or being	■ No					
	filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate?	☐ Yes.					
			Debtor			Relationship to you	
			District		When	Case number, if known	
			Debtor			Relationship to you	
			District		When	Case number, if known	
11.	Do you rent your residence?	■ No.	Go to l	line 12.			
	10010011001	☐ Yes.	Has yo	our landlord obtaine	d an eviction judgment agains	t you?	
				No. Go to line 12.			
							art of

Debtor 1 Carl M. Washington

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Deb	otor 1 Carl M. Washingto	on			Case number (if known)
Par	Report About Any Bu	sinesses	You Owr	as a Sole Proprie	tor
12.	Are you a sole proprietor of any full- or part-time business?	■ No.	Go to	Part 4.	
		☐ Yes.	Name	and location of bus	siness
	A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.		Name		
	If you have more than one sole proprietorship, use a separate sheet and attach		Numb	oer, Street, City, Sta	te & ZIP Code
	it to this petition.		Chec	k the appropriate bo	ox to describe your business:
				Health Care Busin	ness (as defined in 11 U.S.C. § 101(27A))
				Single Asset Rea	Estate (as defined in 11 U.S.C. § 101(51B))
				Stockbroker (as d	lefined in 11 U.S.C. § 101(53A))
				Commodity Broke	er (as defined in 11 U.S.C. § 101(6))
				None of the above	e
13.	Are you filing under Chapter 11 of the Bankruptcy Code and are you a small business debtor?	deadlines operation	re filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate es. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of ns, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure S.C. 1116(1)(B).		
	For a definition of small	■ No.	I am ı	not filing under Chap	oter 11.
	business debtor, see 11 U.S.C. § 101(51D).	□ No.	I am f Code		11, but I am NOT a small business debtor according to the definition in the Bankruptcy
		☐ Yes.	I am f	iling under Chapter	11 and I am a small business debtor according to the definition in the Bankruptcy Code.
Par	t 4: Report if You Own or	Have Any	Hazardo	ous Property or An	y Property That Needs Immediate Attention
14.	Do you own or have any	■ No.			
	property that poses or is alleged to pose a threat of imminent and identifiable hazard to	☐ Yes.	What is	the hazard?	
	public health or safety? Or do you own any property that needs			liate attention is	
	immediate attention?		needed,	why is it needed?	
	For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?		Where is	s the property?	
					Number, Street, City, State & Zip Code

Debtor 1 Carl M. Washington

Case number (if known)

Part 5:

Explain Your Efforts to Receive a Briefing About Credit Counseling

 Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

☐ I am not required to receive a briefing about credit counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit
counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

□ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

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Deb	tor 1 Carl M. Washingto	on			Case numbe	「 (if known)
Par	6: Answer These Quest	ions for Re	porting Purposes			
16.	What kind of debts do you have?		Are your debts primarily condividual primarily for a pers			ned in 11 U.S.C. § 101(8) as "incurred by an
			☐ No. Go to line 16b.			
			Yes. Go to line 17.			
			Are your debts primarily be money for a business or inve			•
			☐ No. Go to line 16c.			
			☐ Yes. Go to line 17.			
		16c.	State the type of debts you o	owe that are not consur	mer debts or busines	s debts
17.	Are you filing under Chapter 7?	□ No.	am not filing under Chapter	7. Go to line 18.		
	Do you estimate that after any exempt property is excluded and	— 163.	are paid that funds will be av			erty is excluded and administrative expenses
	administrative expenses are paid that funds will		No			
	be available for distribution to unsecured creditors?		□ Yes			
18.	you estimate that you	■ 1-49 □ 50-99		□ 1,000-5,000 □ 5001-10,000		□ 25,001-50,000 □ 50,001-100,000
	owe?	☐ 100-19 ☐ 200-99		□ 10,001-25,0	000	☐ More than100,000
19.	How much do you	□ \$0 - \$5	0,000	□ \$1,000,001	- \$10 million	☐ \$500,000,001 - \$1 billion
	estimate your assets to be worth?		I - \$100,000	\$10,000,001		\$1,000,000,001 - \$10 billion
			01 - \$500,000 01 - \$1 million	\$50,000,001 \$100,000,00	1 - \$100 million 01 - \$500 million	☐ \$10,000,000,001 - \$50 billion☐ More than \$50 billion
20.	How much do you	□ \$0 - \$5		□ \$1,000,001	- \$10 million	☐ \$500,000,001 - \$1 billion
	estimate your liabilities to be?		1 - \$100,000	□ \$10,000,001		\$1,000,000,001 - \$10 billion
			01 - \$500,000 01 - \$1 million	□ \$50,000,001 □ \$100,000,00	1 - \$100 million 01 - \$500 million	☐ \$10,000,000,001 - \$50 billion ☐ More than \$50 billion
Par	Sign Below					
For	you	I have exa	mined this petition, and I dec	clare under penalty of p	perjury that the inform	nation provided is true and correct.
		If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7.				
		If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b).				
		I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.				
bankrup and 357						r property by fraud in connection with a ears, or both. 18 U.S.C. §§ 152, 1341, 1519,
			Vashington		Signature of Debtor	• 2
		Executed	110101111001 10, 2010		Executed on	
			MM / DD / YYYY		MM	/ DD / YYYY

	Case 19-12400-LSS DOC 1	1 11eu 11/13/19	rage / 01 31		
Debtor 1 Carl M. Washingt	on	Cas	Case number (if known)		
For your attorney, if you are represented by one	under Chapter 7, 11, 12, or 13 of title 11, Unite	ed States Code, and have	e informed the debtor(s) about eligibility to proceed explained the relief available under each chapter debtor(s) the notice required by 11 U.S.C. § 342(b		
If you are not represented by an attorney, you do not need to file this page.			wledge after an inquiry that the information in the	,	
	/s/ Robert I. Masten, Jr.	Date	November 13, 2019		
	Signature of Attorney for Debtor		MM / DD / YYYY		
	Robert I. Masten, Jr.				
	Printed name	•			

Ceccotti & Masten

262 Chapman Road

Contact phone 302-358-2044

Email address

rmastenlaw@gmail.com

5033 DE

Firm name

Bar number & State

B2030 (Form 2030) (12/15)

United States Bankruptcy Court District of Delaware

In re	Carl M. Washington		Case No.	
		Debtor(s)	Chapter	7
	DISCLOSURE OF COMPENS	SATION OF ATTOR	RNEY FOR DI	EBTOR(S)
(Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b) compensation paid to me within one year before the filing one rendered on behalf of the debtor(s) in contemplation of contemplation.	of the petition in bankruptcy,	or agreed to be paid	to me, for services rendered or to
	For legal services, I have agreed to accept		\$	1,165.00
	Prior to the filing of this statement I have received		\$	1,165.00
	Balance Due		\$	0.00
2	335.00 of the filing fee has been paid.			
3. ′	The source of the compensation paid to me was:			
	■ Debtor □ Other (specify):			
4. ′	The source of compensation to be paid to me is:			
	■ Debtor □ Other (specify):			
5.	■ I have not agreed to share the above-disclosed compens	sation with any other person i	unless they are mem	bers and associates of my law firm.
	☐ I have agreed to share the above-disclosed compensation copy of the agreement, together with a list of the names			
5.	In return for the above-disclosed fee, I have agreed to rend	er legal service for all aspects	s of the bankruptcy of	case, including:
1	a. Analysis of the debtor's financial situation, and rendering. Preparation and filing of any petition, schedules, statem Representation of the debtor at the meeting of creditors. [Other provisions as needed] Negotiations with secured creditors to red reaffirmation agreements and applications 522(f)(2)(A) for avoidance of liens on hous	nent of affairs and plan which and confirmation hearing, an luce to market value; exe as needed; preparation	may be required; d any adjourned hea	rings thereof;
7.]	By agreement with the debtor(s), the above-disclosed fee de Representation of the debtors in any dischange of the adversary proceeding.			es, relief from stay actions or
		CERTIFICATION		
	certify that the foregoing is a complete statement of any a ankruptcy proceeding.	greement or arrangement for	payment to me for r	epresentation of the debtor(s) in
N	ovember 13, 2019	/s/ Robert I. Maste	en, Jr.	
	ate	Robert I. Masten, Signature of Attorne Ceccotti & Master 262 Chapman Roa Ste. 202-2 Newark, DE 19702 302-358-2044 Farmastenlaw@gma	y n ad 2 x: 302-353-4238	
		Name of law firm		

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

Chapte	er 7:	Liquidation
	\$245	filing fee
	\$75	administrative fee
<u>+</u>	\$15	trustee surcharge
	\$335	total fee

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft;

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

\$1,167 filing fee

\$550 administrative fee

\$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

	\$200	filing fee
+	\$75	administrative fee
	\$275	total fee

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

	\$235	filing fee
+	\$75	administrative fee
	\$310	total fee

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes.

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: http://www.uscourts.gov/bkforms/bankruptcy_forms.html#procedure.

Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://justice.gov/ust/eo/hapcpa/ccde/cc_approved.html

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/ BankruptcyResources/ApprovedCredit AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

[3]	in this inforn	nation to identify your	case:							
Del	otor 1	Carl M. Washing	Middle Name	Last Name						
Del	otor 2	, not realise	made Hame	2451 144110						
(Spc	ouse if, filing)	First Name	Middle Name	Last Name						
Uni	ted States Ba	nkruptcy Court for the:	DISTRICT OF DELAWAR	RE						
1	se number _					Check if this is an Imended filing				
Sta Be a	as complete a	of Financial A	ble. If two married people a		ankruptcy equally responsible for sup					
		n). Answer every ques		une termi en me tep et un,	, additional pages, mile yet	ar name and case				
Pai	t 1: Give D	Oetails About Your Ma	rital Status and Where You	Lived Before						
1.	What is you	r current marital statu	s?							
	☐ Married ■ Not mai									
2.	During the l	g the last 3 years, have you lived anywhere other than where you live now?								
	■ No □ Yes. Lis	t all of the places you li	ved in the last 3 years. Do no	ot include where you live now	<i>'</i> .					
	Debtor 1 Pr	ior Address:	Dates Debtor 1 lived there	Debtor 2 Prior Ad	dress:	Dates Debtor 2 lived there				
3. state					ity property state or territor ico, Texas, Washington and V					
	■ No □ Yes. Ma	ake sure you fill out <i>Sch</i>	edule H: Your Codebtors (O	fficial Form 106H).						
Pai	t 2 Explai	n the Sources of You	r Income							
4.	E. Did you have any income from employment or from operating a business during this year or the two previous calendar years? Fill in the total amount of income you received from all jobs and all businesses, including part-time activities. If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1.									
	□ No ■ Yes. Fil	in the details.								
			Debtor 1		Debtor 2					
			Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of income Check all that apply.	Gross income (before deductions and exclusions)				
	r last calenda nuary 1 to De	r year: ecember 31, 2018)	■ Wages, commissions, bonuses, tips	\$69,245.00	☐ Wages, commissions, bonuses, tips					
			☐ Operating a business		☐ Operating a business					

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Deb	otor 1 Ca	arl M. Wash	ington		Cas	e number (if known)		
				Debtor 1		Debtor 2		
				Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of ind Check all that a		Gross income (before deductions and exclusions)
		dar year befo December 3		■ Wages, commissions, bonuses, tips	\$71,733.00	☐ Wages, combonuses, tips	imissions,	
				☐ Operating a business		☐ Operating a	business	
	the calen nuary 1 to	dar year: December 3	1, 2016)	■ Wages, commissions, bonuses, tips	\$71,707.00	☐ Wages, combonuses, tips	missions,	
				☐ Operating a business		☐ Operating a	business	
	and other winnings. List each No	public benefit If you are filin	t payments; ng a joint ca: ne gross inco	her that income is taxable. Exa pensions; rental income; inter se and you have income that y ome from each source separat	rest; dividends; money collect you received together, list it of	eted from lawsuits; only once under D that you listed in lin	royalties; and ebtor 1.	
				Debtor 1 Sources of income Describe below.	Gross income from each source (before deductions and exclusions)	Debtor 2 Sources of inc Describe below		Gross income (before deductions and exclusions)
Par	t 3: Lis	t Certain Pay	ments You	ı Made Before You Filed for ∣	Bankruptcy			
6.	□ No.	Neither Delindividual properties of the Individual properties of the Indiv	btor 1 nor I rimarily for a 20 days before the control of the cont	each creditor to whom you pai reditor. Do not include paymen payments to an attorney for the ton 4/01/22 and every 3 years or both have primarily consu- pore you filed for bankruptcy, dispersion of the construction of the paid of the	Imer debts. Consumer debtal depurpose." In dyou pay any creditor a total depurpose." In dyou pay any creditor a total depurpose at the story depured to the story deputed to th	al of \$6,825* or mo in one or more pay gations, such as ch or after the date of al of \$600 or more? d the total amount port and alimony.	re? /ments and th ild support an of adjustment. you paid that Also, do not in	ne total amount you and alimony. Also, do
	Creditor	's Name and	Address	Dates of payme	nt Total amount paid	Amount you still owe	Was this p	ayment for
	Attn: Ba 8742 Lu	ized Loan S ankruptcy icent Blvd. ids Ranch,	Suite 300		9 \$2,985.00	\$144,899.00	■ Mortgag □ Car □ Credit C □ Loan Re □ Supplier	ard

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Case number (if known)

7.	Within 1 year before you filed for bankrupt Insiders include your relatives; any general part of which you are an officer, director, person in a business you operate as a sole proprietor. It alimony.	artners; relatives of any gen a control, or owner of 20% o	eral partners; partners r more of their voting	erships of which yo g securities; and a	ou are a genera ny managing a	al partner; corporations gent, including one for
	■ No □ Yes. List all payments to an insider.					
	☐ Yes. List all payments to an insider. Insider's Name and Address	Dates of payment	Total amount	Amount you	Reason for	this payment
			paid	still owe		
8.	Within 1 year before you filed for bankrupt insider? Include payments on debts guaranteed or cost		ments or transfer a	any property on a	ccount of a de	ebt that benefited an
	_	signed by an insider.				
	NoYes. List all payments to an insider					
	Insider's Name and Address	Dates of payment	Total amount	Amount you	Reason for	this payment
		Daile of paymont	paid	still owe	Include cred	
Pa	rt 4: Identify Legal Actions, Repossession	ns, and Foreclosures				
9.	Within 1 year before you filed for bankrupt List all such matters, including personal injury modifications, and contract disputes. No					
	Yes. Fill in the details.	N. a. Cal	•		2	
	Case title Case number	Nature of the case	Court or agency		Status of th	e case
10.	Within 1 year before you filed for bankrupt Check all that apply and fill in the details below No. Go to line 11. Yes. Fill in the information below.		erty repossessed, f	oreclosed, garnis	shed, attached	l, seized, or levied?
	Creditor Name and Address	Describe the Property		Date		Value of the
		Explain what happened	I			property
11.	Within 90 days before you filed for bankrul accounts or refuse to make a payment bed No Yes. Fill in the details.		luding a bank or fir	nancial institutior	n, set off any a	mounts from your
	Creditor Name and Address	Describe the action the	creditor took		action was	Amount
12.	Within 1 year before you filed for bankrupt court-appointed receiver, a custodian, or a No Yes		erty in the possess	taker		efit of creditors, a
Pa	rt 5: List Certain Gifts and Contributions					
13.	Within 2 years before you filed for bankrup ■ No □ Yes. Fill in the details for each gift.	otcy, did you give any gift	s with a total value	of more than \$60	0 per person?	?
	Gifts with a total value of more than \$600 per person	Describe the gifts		Date: the g	s you gave ifts	Value
	Person to Whom You Gave the Gift and Address:					

Debtor 1 Carl M. Washington

Case number (if known)

14.	Within 2 years before you filed for banks ■ No □ Yes. Fill in the details for each gift or or	• •	lid you give any gifts or contributions with a tota	al value of more than	\$600 to any charity?
	Gifts or contributions to charities that more than \$600 Charity's Name Address (Number, Street, City, State and ZIP Cod		Describe what you contributed	Dates you contributed	Value
Par	t 6: List Certain Losses				
15.	Within 1 year before you filed for bankru or gambling?	uptcy or	since you filed for bankruptcy, did you lose any	thing because of thef	t, fire, other disaster,
	■ No				
	Yes. Fill in the details.	Deceril	ha any incurence according for the last	Date of your	Value of property
	Describe the property you lost and how the loss occurred	Include	the amy insurance coverage for the loss the amount that insurance has paid. List pending ce claims on line 33 of Schedule A/B: Property.	Date of your loss	Value of property lost
Par	t 7: List Certain Payments or Transfer	's			
16.	consulted about seeking bankruptcy or	preparin	d you or anyone else acting on your behalf pay on gar bankruptcy petition? s, or credit counseling agencies for services require		rty to anyone you
	□ No				
	Yes. Fill in the details.				
	Person Who Was Paid Address Email or website address Person Who Made the Payment, if Not N	You	Description and value of any property transferred	Date payment or transfer was made	Amount of payment
	Ceccotti & Masten 262 Chapman Road Ste. 202-2 Newark, DE 19702 rmastenlaw@gmail.com		Attorney Fees		\$1,165.00
	Summit Financial Education		Prefiling Credit Counseling		\$14.95
	United States Bankruptcy Court		Filing Fee		\$335.00
17.	Within 1 year before you filed for bankru promised to help you deal with your cre Do not include any payment or transfer that	ditors o		or transfer any propei	rty to anyone who
	☐ Yes. Fill in the details.				
	Person Who Was Paid Address		Description and value of any property transferred	Date payment or transfer was made	Amount of payment

Debtor 1 Carl M. Washington

Debtor 1 Carl M. Washington

Case number (if known)

18.	Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs? Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement. No Yes. Fill in the details.							
	Person Who Received Transfer Address Person's relationship to you	Description and v property transfer		Describe any payments rec paid in excha	eived or debts	Date transfer was made		
 19. Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of whe beneficiary? (These are often called asset-protection devices.) No Yes. Fill in the details. 								
	Name of trust	Description and v	alue of the prop	perty transferred		Date Transfer was made		
Par	List of Certain Financial Accounts, Instr	uments, Safe Deposit	Boxes, and Sto	orage Units				
20.	Within 1 year before you filed for bankruptcy, sold, moved, or transferred? Include checking, savings, money market, or houses, pension funds, cooperatives, associated to the cooperative of the cooperati	other financial accou	nts; certificates	of deposit; share				
	■ No							
	Yes. Fill in the details.							
		ast 4 digits of account number	Type of account instrument	nt or Date a closed moved transfer	l, or	Last balance before closing or transfer		
21.	Do you now have, or did you have within 1 yearsh, or other valuables?	ar before you filed for	bankruptcy, an	y safe deposit bo	x or other deposit	ory for securities,		
	■ No □ Yes. Fill in the details.							
	Name of Financial Institution Address (Number, Street, City, State and ZIP Code)	Who else had acc Address (Number, S State and ZIP Code)		Describe the con	tents	Do you still have it?		
22.	Have you stored property in a storage unit or	place other than your	home within 1	year before you fi	led for bankruptcy	/?		
	■ No □ Yes. Fill in the details.							
	Name of Storage Facility Address (Number, Street, City, State and ZIP Code)	Who else has or h to it? Address (Number, S State and ZIP Code)		Describe the con	tents	Do you still have it?		
Par	t 9: Identify Property You Hold or Control fo	or Someone Else						
23.	Do you hold or control any property that some for someone.	eone else owns? Inclu	ude any propert	y you borrowed fi	om, are storing fo	r, or hold in trust		
	■ No							
	Yes. Fill in the details.							
	Owner's Name Address (Number, Street, City, State and ZIP Code)	Where is the prop (Number, Street, City, S Code)		Describe the prop	perty	Value		
Par	t 10: Give Details About Environmental Inform	mation						
For	the purpose of Part 10, the following definition	s apply:						
	Environmental law means any federal, state, o	or local statute or regu	ulation concern	ng pollution, con	tamination, releas	es of hazardous or		

Statement of Financial Affairs for Individuals Filing for Bankruptcy

Official Form 107

page 5

toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or

Debtor 1 Carl M. Washington

Case number (if known)

	regulations controlling the cleanup of thes	e substances, wastes, or material.							
	Site means any location, facility, or proper to own, operate, or utilize it, including disp		aw, whether you now own, operate, o	or utilize it or used					
	Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term.								
Rep	ort all notices, releases, and proceedings th	nat you know about, regardless of when	they occurred.						
24.	Has any governmental unit notified you that	at you may be liable or potentially liable	under or in violation of an environme	ental law?					
	No								
	☐ Yes. Fill in the details.								
	Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)	Environmental law, if you know it	Date of notice					
25.	Have you notified any governmental unit or	f any release of hazardous material?							
	No								
	Yes. Fill in the details.								
	Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)	Environmental law, if you know it	Date of notice					
26.	Have you been a party in any judicial or ad	ministrative proceeding under any envir	onmental law? Include settlements a	and orders.					
	■ No								
	Yes. Fill in the details.								
	Case Title	Court or agency	Nature of the case	Status of the					
	Case Number	Name Address (Number, Street, City, State and ZIP Code)		case					
Par	t 11: Give Details About Your Business or	Connections to Any Business							
27.	Within 4 years before you filed for bankrup	tcv. did vou own a business or have any	v of the following connections to any	/ business?					
	 □ A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time □ A member of a limited liability company (LLC) or limited liability partnership (LLP) 								
	☐ A partner in a partnership	party (LLC) or infinited hability partitership	p (LLI)						
	☐ An officer, director, or managing ex	-							
	☐ An owner of at least 5% of the voting or equity securities of a corporation								
	No. None of the above applies. Go to	Part 12.							
	Yes. Check all that apply above and fi	Il in the details below for each business.							
	Business Name Address	Describe the nature of the business	Employer Identification number Do not include Social Security						
	(Number, Street, City, State and ZIP Code)	Name of accountant or bookkeeper	Dates business existed						
28.	Within 2 years before you filed for bankrup institutions, creditors, or other parties.	tcy, did you give a financial statement to	o anyone about your business? Inclu	ude all financial					
	■ No								
	☐ Yes. Fill in the details below.								
	Name Address (Number, Street, City, State and ZIP Code)	Date Issued							

Part 12: Sign Below

I have read the answers on this Statement of Financial Affairs and any attachments, and I declare under penalty of perjury that the answers Official Form 107 Statement of Financial Affairs for Individuals Filing for Bankruptcy page 6

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Deptor 1 Carl M. Washington	Case number (if known)
	a false statement, concealing property, or obtaining money or property by fraud in connection o \$250,000, or imprisonment for up to 20 years, or both.
/s/ Carl M. Washington Carl M. Washington Signature of Debtor 1	Signature of Debtor 2
Date November 13, 2019	Date
Did you attach additional pages to <i>Your State</i> . ■ No □ Yes	nent of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)?
Did you pay or agree to pay someone who is a ■ No	ot an attorney to help you fill out bankruptcy forms?
☐ Yes. Name of Person Attach the Bank	uptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

Fill in this inform	nation to identify your	case:				
Debtor 1	Carl M. Washingt	on				
Dobtor 2	First Name	Middle Name		Last Name		
Debtor 2 (Spouse if, filing)	First Name	Middle Name		Last Name		
United States Bar	nkruptcy Court for the:	DISTRICT OF DE	LAWARE			
Case number						
(if known)						Check if this is an amended filing
Official Fo						
Statemer	nt of Intentio	n for Indiv	riduals	Filing Under C	hapter	7 12/15
You must file this whiche on the f If two married pe sign an Be as complete a write yo	ver is earlier, unless the form sopple are filing together date the form. and accurate as possibour name and case nur	rithin 30 days after the court extends the r in a joint case, bo ale. If more space is nber (if known).	you file your e time for ca th are equall	bankruptcy petition or by tuse. You must also send co y responsible for supplying ach a separate sheet to this	ppies to the cre	editors and lessors you list
1. For any credito	-		: Creditors V	Vho Have Claims Secured b	y Property (Of	ficial Form 106D), fill in the
information be Identify the cre	elow. editor and the property t	hat is collateral	What do y secures a	ou intend to do with the prodebt?	perty that	Did you claim the property as exempt on Schedule C?
name: Description of	ord Motor Credit Co 2018 Ford Fusion Location: 4 Ridley Castle DE 19720	19000 miles	☐ Retain ☐ Retain t Reaffir	der the property. the property and redeem it. he property and enter into a mation Agreement. he property and [explain]:		□ No ■ Yes
Creditor's S name: Description of property securing debt:	pecialized Loan Serv 4 Ridley Ct New Ca 19720 New Castle	astle, DE	☐ Retain t Reaffir Retain t Retain t	ler the property. the property and redeem it. he property and enter into a mation Agreement. he property and [explain]: property and continue me s as usual	aking	□ No ■ Yes

Part 2: List Your Unexpired Personal Property Leases

For any unexpired personal property lease that you listed in Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G), fill in the information below. Do not list real estate leases. Unexpired leases are leases that are still in effect; the lease period has not yet ended. You may assume an unexpired personal property lease if the trustee does not assume it. 11 U.S.C. § 365(p)(2).

Describe your unexpired personal property leases

Will the lease be assumed?

Official Form 108

Statement of Intention for Individuals Filing Under Chapter 7

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Debtor 1 Carl M. Washington	Case number (if known)
Lessor's name: Description of leased	□ No
Property:	☐ Yes
Lessor's name: Description of leased	□ No
Property:	☐ Yes
Lessor's name: Description of leased	□ No
Property:	☐ Yes
Lessor's name: Description of leased	□ No
Property:	☐ Yes
Lessor's name: Description of leased	□ No
Property:	☐ Yes
Lessor's name:	□ No
Description of leased Property:	□ Yes
Lessor's name:	□ No
Description of leased Property:	☐ Yes
Part 3: Sign Below	
Under penalty of perjury, I declare that I have indicated my intention ab property that is subject to an unexpired lease.	out any property of my estate that secures a debt and any personal
	x
Carl M. Washington Signature of Debtor 1	Signature of Debtor 2
Date November 13, 2019	Date

Fill in this inform			.SS Doc 1	Filed 11/13/19	Page 22	01 37	
	ation to identify you	r case and this	s filing:				
Debtor 1	Carl M. Washing	jton Middle N	Name	Last Name			
Debtor 2 (Spouse, if filing)	First Name	Middle N	Name	Last Name			
United States Ban	kruptcy Court for the:	DISTRICT C	F DELAWARE				
Case number				_			☐ Check if this is ar amended filing
n each category, se hink it fits best. Be	e A/B: Properately list and descript as complete and accurately space is needed, attack	be items. List ar	. If two married peopl	an asset fits in more than on e are filing together, both are e top of any additional page	e equally respo	nsible for su	pplying correct
	ave any legal or equitab			vn or Have an Interest In , land, or similar property?			
	4 Ridley Ct Street address, if available, or other description		ш .		the amount of	of any secured	ims or exemptions. Put I claims on <i>Schedule D:</i> as <i>Secured by Property</i> .
New Castle	DE 19 State	720-0000 ZIP Code	Land Investment pr Timeshare Other	t in the property? Check one	Describe th	erty? 1,801.00 e nature of yo e simple, tena), if known.	Current value of the portion you own? \$161,801.00 our ownership interest ency by the entireties, or

Part 2: Describe Your Vehicles

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

Official Form 106A/B Schedule A/B: Property page 1

Deb	tor 1 C	arl M. Washir	ngton	Cas	e number (if known)	
3. C	ars, vans,	trucks, tractor	s, sport utility vel	nicles, motorcycles		
	No					
	Yes					
0.4	Males	Ford		Who has an interest in the manner of a	Do not deduct secu	red claims or exemptions. Put
3.1		Fusion		Who has an interest in the property? Check one	the amount of any s	secured claims on Schedule D:
	Model: Year:	2018		Debtor 1 only	Creditors who have	e Claims Secured by Property.
		nate mileage:	19000	☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only	Current value of the entire property?	ne Current value of the portion you own?
		ormation:	10000	☐ At least one of the debtors and another	ontino proporty.	portion you out
	Location	on: 4 Ridley C	Ct, New			
	Castle	DE 19720		☐ Check if this is community property (see instructions)	\$14,231.	914,231.00
5 A p	ages you 3: Descri	have attached be Your Persona or have any leg	for Part 2. Write t l and Household Ite al or equitable int	n for all of your entries from Part 2, including any hat number hereems erest in any of the following items?		\$14,231.00 Current value of the portion you own? Do not deduct secured claims or exemptions.
E		scribe	s, furniture, linens,	china, kitchenware	ıle value	
				ey Ct, New Castle DE 19720		\$1,000.00
E		Televisions and including cell ph		eo, stereo, and digital equipment; computers, printers edia players, games	s, scanners; music co	llections; electronic devices
E		Antiques and figother collections	jurines; paintings, į s, memorabilia, col	orints, or other artwork; books, pictures, or other art of lectibles	objects; stamp, coin, o	or baseball card collections;
E	xamples:	for sports and Sports, photogra musical instrum	aphic, exercise, an	d other hobby equipment; bicycles, pool tables, golf o	clubs, skis; canoes a	nd kayaks; carpentry tools;
_	■ NO] Yes. De	scribe				
10. I	Firearms	: Pistols, rifles, s	shotguns, ammunit	ion, and related equipment		

Official Form 106A/B Schedule A/B: Property page 2

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Debtor 1 Carl M. Wa	shington	Case number (if known)
	clothes, furs, leather coats, desi	igner wear, shoes, accessories	
☐ No ■ Yes. Describe			
■ Yes. Describe			
	Used clothing at yard s		¢200.00
	Location: 4 Ridley Ct, N	New Castle DE 19720	\$200.00
2. Jewelry Examples: Everyday j ■ No □ Yes. Describe	ewelry, costume jewelry, engag	gement rings, wedding rings, heirloom jewelry, watches, gems,	gold, silver
3. Non-farm animals	hinda hanaa		
Examples: Dogs, cats ■ No	, DIras, norses		
☐ Yes. Describe			
4. Any other personal a ■ No □ Yes. Give specific in	·	not already list, including any health aids you did not list	
		art 3, including any entries for pages you have attached	\$1,200.00
Part 4: Describe Your Fina			
Do you own or have any	legal or equitable interest in	any of the following?	Current value of the portion you own? Do not deduct secured claims or exemptions.
■ No □ Yes 7. Deposits of money Examples: Checking,	savings, or other financial acco	me, in a safe deposit box, and on hand when you file your peti	
□ No	s. II you have multiple accounts	with the same institution, list each.	
Yes		Institution name:	
	17.1. Credit Union	Dover FCU Checking Acct	\$23.0
	17.2. Savings	Capital One Savings Acct	\$0.0
	17.3. Checking	Citizen's Bank Checking Acct	\$13,100.0
		-	
	, or publicly traded stocks		
'	s, investment accounts with bro	kerage firms, money market accounts	
■ No □ Yes	Institution or issuer r	name:	
9. Non-publicly traded significant venture■ No	stock and interests in incorpo	prated and unincorporated businesses, including an intere	st in an LLC, partnership, ar
☐ Yes. Give specific in	nformation about them		
Official Form 106A/B		Schedule A/B: Property	page

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Best Case Bankruptcy

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De	ebtor 1	Carl M. Washington	Case number (if known)	
		Name of entity:	% of ownership:	
20.	Negotia Non-ne ■ No	able instruments include personal checks, egotiable instruments are those you cannot	egotiable and non-negotiable instruments cashiers' checks, promissory notes, and money orders. t transfer to someone by signing or delivering them.	
	⊔ Yes. (Give specific information about them Issuer name:		
21.		nent or pension accounts oles: Interests in IRA, ERISA, Keogh, 401(k	s), 403(b), thrift savings accounts, or other pension or profit-sharing pla	ans
	Yes.	List each account separately. Type of account:	Institution name:	
		IRA	IRA	\$3,968.00
		Pension	Pension through Postal Service	Unknown
22.	Your sl		e so that you may continue service or use from a company ent, public utilities (electric, gas, water), telecommunications companie	s, or others
	■ No □ Yes		Institution name or individual:	
23.	Annuiti ■ No	ies (A contract for a periodic payment of me	noney to you, either for life or for a number of years)	
	■ No □ Yes	Issuer name and description	n.	
24.		s in an education IRA, in an account in a C. §§ 530(b)(1), 529A(b), and 529(b)(1).	a qualified ABLE program, or under a qualified state tuition progr	ram.
	☐ Yes	Institution name and descrip	otion. Separately file the records of any interests.11 U.S.C. § 521(c):	
25.	Trusts, ■ No	equitable or future interests in property	y (other than anything listed in line 1), and rights or powers exerc	isable for your benefit
	☐ Yes.	Give specific information about them		
26.		s, copyrights, trademarks, trade secrets, bles: Internet domain names, websites, prod 	s, and other intellectual property ceeds from royalties and licensing agreements	
	☐ Yes.	Give specific information about them		
27.		es, franchises, and other general intangoles: Building permits, exclusive licenses, co	gibles coperative association holdings, liquor licenses, professional licenses	
		Give specific information about them		
M	oney or p	property owed to you?		Current value of the portion you own? Do not deduct secured claims or exemptions.
28.	Tax ref	unds owed to you		
		Give specific information about them, include	iding whether you already filed the returns and the tax years	
	Examp ■ No		al support, child support, maintenance, divorce settlement, property se	ettlement
	Tes. (Give specific information		

Official Form 106A/B Schedule A/B: Property page 4

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Debtor 1	Carl M. Washington	Case number (if known)	
	r amounts someone owes you nples: Unpaid wages, disability insurance payments, disability bene benefits; unpaid loans you made to someone else	fits, sick pay, vacation pay, workers' comper	nsation, Social Security
☐ Ye	s. Give specific information		
	ests in insurance policies mples: Health, disability, or life insurance; health savings account (H	ISA); credit, homeowner's, or renter's insurar	ice
■ Ye	s. Name the insurance company of each policy and list its value. Company name:	Beneficiary:	Surrender or refund value:
	Term life poliy through Postal Servi	<u></u>	\$0.00
	Term life policy through Transameri	ica	\$0.00
If yo som ■ No	interest in property that is due you from someone who has died u are the beneficiary of a living trust, expect proceeds from a life insecone has died.		eive property because
⊔ Ye	s. Give specific information		
Exai ■ No	ns against third parties, whether or not you have filed a lawsuit mples: Accidents, employment disputes, insurance claims, or rights is. Describe each claim		
■ No	r contingent and unliquidated claims of every nature, including s. Describe each claim	counterclaims of the debtor and rights to	set off claims
■ No	financial assets you did not already list s. Give specific information		
	d the dollar value of all of your entries from Part 4, including an Part 4. Write that number here		\$17,091.00
Part 5:	Describe Any Business-Related Property You Own or Have an Interest In	ı. List any real estate in Part 1.	
37. Do yo	u own or have any legal or equitable interest in any business-related pro	operty?	
■ No.	Go to Part 6.		
☐ Yes.	Go to line 38.		
	Describe Any Farm- and Commercial Fishing-Related Property You Own f you own or have an interest in farmland, list it in Part 1.	or Have an Interest In.	
■ N	ou own or have any legal or equitable interest in any farm- or co o. Go to Part 7. es. Go to line 47.	ommercial fishing-related property?	

Official Form 106A/B Schedule A/B: Property page 5

Describe All Property You Own or Have an Interest in That You Did Not List Above

Part 7:

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Debto	or 1 Carl M. Washington		Case number (if known)	
	o you have other property of any kind you did not already list? Examples: Season tickets, country club membership	•		
	No			
	Yes. Give specific information			
54. <i>A</i>	Add the dollar value of all of your entries from Part 7. Write tha	at number here		\$0.00
Part 8:	List the Totals of Each Part of this Form			
55. F	Part 1: Total real estate, line 2			\$161,801.00
56. F	Part 2: Total vehicles, line 5	\$14,231.00	-	
57. F	Part 3: Total personal and household items, line 15	\$1,200.00		
58. F	Part 4: Total financial assets, line 36	\$17,091.00		
59. F	Part 5: Total business-related property, line 45	\$0.00		
60. F	Part 6: Total farm- and fishing-related property, line 52	\$0.00		
61. F	Part 7: Total other property not listed, line 54 +	\$0.00		
62. T	Total personal property. Add lines 56 through 61	\$32,522.00	Copy personal property total	\$32,522.00
63. 1	Total of all property on Schedule A/B. Add line 55 + line 62			\$194.323.00

Official Form 106A/B Schedule A/B: Property page 6

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Fill in this infor	Fill in this information to identify your case:						
Debtor 1	Carl M. Washingt	on					
	First Name	Middle Name	Last Name				
Debtor 2							
(Spouse if, filing)	First Name	Middle Name	Last Name				
United States Ba	ankruptcy Court for the:	DISTRICT OF DELAWARE					
Case number _ (if known)				☐ Check if this is ar amended filing			

Official Form 106C

Schedule C: The Property You Claim as Exempt

4/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

Part 1: Iden	ify the Proper	ty You Claim	as Exempt
--------------	----------------	--------------	-----------

- 1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.
 - You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
 - ☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)
- 2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below.

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own	vn		Specific laws that allow exemption	
	Copy the value from Schedule A/B				
4 Ridley Ct New Castle, DE 19720 New Castle County	\$161,801.00		\$16,902.00	10 Del. C. § 4914(c)(1)	
Line from Schedule A/B: 1.1			100% of fair market value, up to any applicable statutory limit		
2018 Ford Fusion 19000 miles Location: 4 Ridley Ct, New Castle DE	\$14,231.00		\$0.00	10 Del. C. §4914(c)(2)	
19720 Line from Schedule A/B: 3.1			100% of fair market value, up to any applicable statutory limit		
Miscellaneous household goods and	\$1,000.00	•	\$1,000.00	10 Del. C. § 4914(b)	
furnishings at yard sale value Location: 4 Ridley Ct, New Castle DE 19720 Line from Schedule A/B: 6.1			100% of fair market value, up to any applicable statutory limit		
Used clothing at yard sale value Location: 4 Ridley Ct, New Castle DE	\$200.00		\$200.00	10 Del.C. § 4902(a)	
19720 Line from Schedule A/B: 11.1			100% of fair market value, up to any applicable statutory limit		
Credit Union: Dover FCU Checking Acct	\$23.00		\$23.00	10 Del. C. § 4914(b)	
Line from Schedule A/B: 17.1			100% of fair market value, up to any applicable statutory limit		

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De	ebtor 1 Carl M. Washington			Case number (if known)	
	Brief description of the property and line on Schedule A/B that lists this property Current value of the portion you own			ount of the exemption you claim	Specific laws that allow exemption
		Copy the value from Schedule A/B	Che	eck only one box for each exemption.	
	Savings: Capital One Savings Acct Line from Schedule A/B: 17.2	\$0.00		\$0.00	10 Del. C. § 4914(b)
	Elite its it sourced to be a second of the s			100% of fair market value, up to any applicable statutory limit	
	Checking: Citizen's Bank Checking Acct	\$13,100.00		\$13,100.00	10 Del. C. § 4914(b)
	Line from Schedule A/B: 17.3			100% of fair market value, up to any applicable statutory limit	
	IRA: IRA Line from Schedule A/B: 21.1	\$3,968.00		\$3,968.00	10 Del. C. § 4915
	Line Hotti Schedule Arb. 21.1			100% of fair market value, up to any applicable statutory limit	
	Pension: Pension through Postal Service	Unknown		\$0.00	10 Del. C. § 4915
	Line from Schedule A/B: 21.2			100% of fair market value, up to any applicable statutory limit	
	Term life poliy through Postal Service	\$0.00		\$0.00	10 Del. C. § 4914(b)
	Line from Schedule A/B: 31.1			100% of fair market value, up to any applicable statutory limit	
	Term life policy through Transamerica	\$0.00		\$0.00	10 Del. C. § 4914(b)
	Line from Schedule A/B: 31.2			100% of fair market value, up to any applicable statutory limit	
3.	Are you claiming a homestead exemption (Subject to adjustment on 4/01/22 and every No			led on or after the date of adjustmen	t.)
	☐ Yes. Did you acquire the property cover☐ No☐ Yes	ed by the exemption w	ithin 1	,215 days before you filed this case?	?

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	Case	.9-12400-L33 D0C1 11	ieu II/.	13/13 Page	30 01 37	
Fill in this inform	nation to identify you	ır case:				
Debtor 1	Carl M. Washin	gton				
	First Name	•	st Name			
Debtor 2	First Name	Middle Name				
(Spouse if, filing)	First Name	Middle Name Las	st Name			
United States Bar	nkruptcy Court for the	DISTRICT OF DELAWARE				
Case number						
(if known)					☐ Check	if this is an
					ameno	ded filing
Official Form	106D					
Official Form	-		-			
Schedule	D: Creditors	Who Have Claims Se	cured	by Propert	у	12/15
		If two married people are filing together, bout, number the entries, and attach it to th				
1. Do any creditors	have claims secured by	y your property?				
□ No. Check	this box and submit t	his form to the court with your other sch	edules. You	u have nothing else t	o report on this form.	
■ Yes. Fill in	all of the information	below.				
Part 1: List Al	I Secured Claims					
2. List all secured of	claims. If a creditor has	more than one secured claim, list the creditor	separately	Column A	Column B	Column C
for each claim. If me	ore than one creditor has	s a particular claim, list the other creditors in P cal order according to the creditor's name.		Amount of claim Do not deduct the value of collateral.	Value of collateral that supports this claim	Unsecured portion If any
	r Credit Comp	Describe the property that secures the c	laim:	\$26,836.00	\$14,231.00	\$12,605.00
Creditor's Name		2018 Ford Fusion 19000 miles Location: 4 Ridley Ct, New Cast DE 19720	le			
Pob 54200	00	As of the date you file, the claim is: Check	call that			
Omaha, N	E 68154	apply. Contingent				
Number, Street,	City, State & Zip Code	☐ Unliquidated				
		Disputed				
Who owes the del	bt? Check one.	Nature of lien. Check all that apply.				
Debtor 1 only		An agreement you made (such as mortg	gage or secu	ired		
Debtor 2 only		car loan)				
☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another ☐ Check if this claim relates to a		☐ Statutory lien (such as tax lien, mechani	c's lien)			
		☐ Judgment lien from a lawsuit☐ Other (including a right to offset)				
community del		— Other (mordaling a right to onset)				
Date debt was incu	Opened 04/18 Last Active urred 9/04/19	Last 4 digits of account number	4006			
	3/07/13	-act - aigite of account number				

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Cose number (::)

Debtor 1 Carl M. Washington	Case number (if known)					
First Name Middle N	ame Last Name					
2.2 Specialized Loan Servicing	Describe the property that secures the claim:	\$144,899.00	\$161,801.00	\$0.00		
Creditor's Name Attn: Bankruptcy 8742 Lucent Blvd. Suite	4 Ridley Ct New Castle, DE 19720 New Castle County					
300 Highlands Ranch, CO 80129	As of the date you file, the claim is: Check all that apply. Contingent	ı				
Number, Street, City, State & Zip Code	☐ Unliquidated					
Who owes the debt? Check one.	☐ Disputed Nature of lien. Check all that apply.					
■ Debtor 1 only □ Debtor 2 only	An agreement you made (such as mortgage or car loan)	secured				
Debtor 1 and Debtor 2 only	☐ Statutory lien (such as tax lien, mechanic's lien)					
☐ At least one of the debtors and another	☐ Judgment lien from a lawsuit					
☐ Check if this claim relates to a community debt	Other (including a right to offset) Mortgage	e				
Date debt was incurred	Last 4 digits of account number 5810	6				
Add the dollar value of your entries in C	column A on this page. Write that number here:	\$171,735.	00			
If this is the last page of your form, add	. 5	\$171,735.				

Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

	Case 1s	1-12408-LSS	DOC 1 File	u 11/13/18	Page 32	2 01 57	
Fill in this	information to identify your	case:					
Debtor 1	Carl M. Washingt	on					
DCDIOI 1	First Name	Middle Name	Last Na	ame			
Debtor 2							
(Spouse if, fili	ing) First Name	Middle Name	Last Na	ame	<u>.</u>		
United Sta	ates Bankruptcy Court for the:	DISTRICT OF DE	ELAWARE				
Case num	ber						
(if known)							heck if this is an
						а	mended filing
Schedu	Form 106E/F ule E/F: Creditors W elete and accurate as possible. Us						12/15
Schedule G Schedule D left. Attach t name and c	ery contracts or unexpired leases: Executory Contracts and Unexp: Creditors Who Have Claims Secthe Continuation Page to this pagase number (if known).	oired Leases (Official Fured by Property. If n ge. If you have no info	Form 106G). Do not in nore space is needed,	clude any credit copy the Part yo	ors with partially ou need, fill it out,	secured claims number the en	that are listed in tries in the boxes on the
	List All of Your PRIORITY Ur		•				
`	r creditors have priority unsecure	d ciaims against you	f				
	Go to Part 2.						
☐ Yes	5.						
Part 2:	List All of Your NONPRIORIT	Y Unsecured Clair	ns				
3. Do any	creditors have nonpriority unse	cured claims against	you?				
□ No.	You have nothing to report in this p	art. Submit this form to	the court with your other	er schedules.			
_			, and count man your our	, oo,,ouu.oo,			
■ Yes	5.						
unsecu	of your nonpriority unsecured clared claim, list the creditor separatel ne creditor holds a particular claim, l	y for each claim. For ea	ach claim listed, identify	what type of clair	m it is. Do not list cl	aims already inc	luded in Part 1. If more
							Total claim
4.1 A l	lly Financial	Last	4 digits of account nui	mber 5330			\$0.00
No	onpriority Creditor's Name				140/44 1		
	.o. Box 380901 loomington, MN 55438	Wher	n was the debt incurre		ed 12/14 Last	Active	-
	umber Street City State Zip Code	As of	the date you file, the	claim is: Check a	Ill that apply		
W	ho incurred the debt? Check one.						
	Debtor 1 only	□с	ontingent				
	Debtor 2 only		nliquidated				
	Debtor 1 and Debtor 2 only	☐ Di	isputed				
_	At least one of the debtors and an	_	of NONPRIORITY uns	ecured claim:			
	Check if this claim is for a com	П с.	tudent loans				
de	ebt the claim subject to offset?	□ o	bligations arising out of tas priority claims	a separation agre	ement or divorce the	nat you did not	
	I _{No}		ebts to pension or profit-	sharing plans, ar	nd other similar deb	ts	
	l Yes		ther Specify Autom	obile			
		_ 0	opoony				

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Debto	Carl M. Washington		Case number (if know	/n)			
4.2	Amex Nonpriority Creditor's Name	Last 4 digits of account number	5223		\$2,662.00		
	P.o. Box 981537 El Paso, TX 79998	When was the debt incurred?	Opened 04/07 10/25/19	Last Active			
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply				
	Debtor 1 only	☐ Contingent					
	Debtor 2 only	☐ Unliquidated					
	☐ Debtor 1 and Debtor 2 only	☐ Disputed					
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:				
	☐ Check if this claim is for a community debt	☐ Student loans ☐ Obligations arising out of a sepa	aration agreement or di	vorce that you did not			
	Is the claim subject to offset?	report as priority claims					
	No	Debts to pension or profit-sharing		ilar debts			
	Yes	Other. Specify Credit Card	<u>I</u>				
4.3	Bankamerica Nonpriority Creditor's Name	Last 4 digits of account number	9573		\$0.00		
	4909 Savarese Circle Tampa, FL 33634	When was the debt incurred?	Opened 4/01/1 2/22/19				
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply				
	Debtor 1 only	☐ Contingent					
	Debtor 2 only	☐ Unliquidated					
	☐ Debtor 1 and Debtor 2 only	☐ Disputed					
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:				
	☐ Check if this claim is for a community						
	debt Is the claim subject to offset?						
	No	Debts to pension or profit-sharing	ilar debts				
	Yes	Other. Specify Real Estate					
4.4	Bankamerica Nonpriority Creditor's Name	Last 4 digits of account number	3308		\$0.00		
	4909 Savarese Circle Tampa, FL 33634	When was the debt incurred?	Opened 9/29/06 Last Active 3/25/13				
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply				
	Debtor 1 only	☐ Contingent					
	Debtor 2 only	☐ Unliquidated					
	☐ Debtor 1 and Debtor 2 only ☐ Disputed						
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:				
	☐ Check if this claim is for a community debt	☐ Student loans ☐ Obligations arising out of a sepa					
	Is the claim subject to offset?	report as priority claims					
	No	Debts to pension or profit-sharing		ilar debts			
	Yes	■ Other. Specify Real Estate	Mortgage				

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Debto	Carl M. Washington		Case number (if known)					
4.5	Capital One Auto Finan Nonpriority Creditor's Name	Last 4 digits of account number	1001	\$0.00				
	Credit Bureau Dispute Plano, TX 75025	When was the debt incurred?	Opened 06/11 Last Active 1/08/15					
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply					
	Debtor 1 only	☐ Contingent						
	Debtor 2 only	☐ Unliquidated						
	☐ Debtor 1 and Debtor 2 only	☐ Disputed						
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:					
	☐ Check if this claim is for a community debt		ration agreement or divorce that you did not					
	Is the claim subject to offset?	report as priority claims						
	■ No	Debts to pension or profit-sharing						
	Yes	Other. Specify Automobile	9					
4.6	Capital One Bank Usa N Nonpriority Creditor's Name	Last 4 digits of account number	5681	\$3,048.00				
	Po Box 30281 Salt Lake City, UT 84130	When was the debt incurred?	Opened 07/04 Last Active 9/05/19					
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply					
	Debtor 1 only	☐ Contingent						
	Debtor 2 only	☐ Unliquidated						
	☐ Debtor 1 and Debtor 2 only	☐ Disputed						
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:						
	☐ Check if this claim is for a community debt	Student loans	aretien conservat or diverse that you did not					
	Is the claim subject to offset?	report as priority claims	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims					
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts					
	Yes	Other. Specify Credit Card	<u> </u>					
4.7	Capital One Bank Usa N Nonpriority Creditor's Name	Last 4 digits of account number	7762	\$318.00				
	Po Box 30281 Salt Lake City, UT 84130	When was the debt incurred?	Opened 04/19 Last Active 9/05/19					
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply					
	Debtor 1 only	☐ Contingent						
	Debtor 2 only	☐ Unliquidated						
	☐ Debtor 1 and Debtor 2 only	☐ Disputed						
	\square At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:					
	☐ Check if this claim is for a community debt	☐ Student loans☐ Obligations arising out of a sepa						
	Is the claim subject to offset?	report as priority claims						
	No	Debts to pension or profit-sharing						
	Yes	■ Other. Specify Credit Card	I					

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Debtor	1 Carl M. Washington		Case number (if known)		
4.8	Comenitybank/brylaneho Nonpriority Creditor's Name	Last 4 digits of account number	4555	\$0.00	
	Po Box 182789 Columbus, OH 43218	When was the debt incurred?	Opened 03/15 Last Active 8/02/19		
	Number Street City State Zip Code	As of the date you file, the claim i	s: Check all that apply		
	Who incurred the debt? Check one.				
	Debtor 1 only	☐ Contingent			
	☐ Debtor 2 only	☐ Unliquidated			
	☐ Debtor 1 and Debtor 2 only ☐ Disputed				
	☐ At least one of the debtors and another	_			
	☐ Check if this claim is for a community debt	☐ Student loans			
	Is the claim subject to offset?	 Obligations arising out of a sepa report as priority claims 			
	■ No	Debts to pension or profit-sharin			
	Yes	■ Other. Specify Charge Acc			
4.9	Comenitybank/domestica	Last 4 digits of account number	6390	\$0.00	
	Nonpriority Creditor's Name Po Box 182789 Columbus, OH 43218	When was the debt incurred?	Opened 02/08 Last Active 2/12/10		
	Number Street City State Zip Code	As of the date you file, the claim i			
	Who incurred the debt? Check one.	7.0 of the date you me, the damin			
	■ Debtor 1 only	☐ Contingent			
	☐ Debtor 2 only	☐ Unliquidated			
	☐ Debtor 1 and Debtor 2 only	☐ Disputed			
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured			
	\square Check if this claim is for a community	☐ Student loans			
	debt Is the claim subject to offset?	Obligations arising out of a sepa report as priority claims			
	No		☐ Debts to pension or profit-sharing plans, and other similar debts		
	Yes	■ Other. Specify Charge Acc			
4.1 0	Comenitycb/blair	Last 4 digits of account number	8694	\$0.00	
	Nonpriority Creditor's Name		Opened 03/14 Last Active		
	Po Box 182120 Columbus, OH 43218	When was the debt incurred?	6/28/17		
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply			
	■ Debtor 1 only	☐ Contingent			
	Debtor 2 only	☐ Unliquidated			
	☐ Debtor 1 and Debtor 2 only	☐ Disputed			
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:			
	☐ Check if this claim is for a community	☐ Student loans			
	debt	Obligations arising out of a sepa			
	Is the claim subject to offset?	report as priority claims Debts to pension or profit-sharin			
	■ No	·			
	Yes	Other. Specify Charge Acc			

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Debto	r 1 Carl M. Washington		Case number (if known)	
4.1 1	Comenitycb/blair	Last 4 digits of account number	1943	\$0.00
	Nonpriority Creditor's Name		Opened 02/03 Last Active	
	Po Box 182120 Columbus, OH 43218	When was the debt incurred?	2/06/10	
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply	
	Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	□ Disputed Type of NONPRIORITY unsecured claim: □ Student loans □ Obligations arising out of a separation agreement or divorce that you did not report as priority claims □ Debts to pension or profit-sharing plans, and other similar debts		
	\square At least one of the debtors and another			
	\square Check if this claim is for a community			
	debt Is the claim subject to offset? ■ No			
	Yes	Other. Specify Charge Acc	count	
4.1	Comenitycb/overstock	Last 4 digits of account number	7155	\$919.00
	Nonpriority Creditor's Name	_		
	Po Box 182120 Columbus, OH 43218	When was the debt incurred?	Opened 01/18 Last Active 9/05/19	
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply	
	Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured		
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	Obligations arising out of a sepa		
	■ No	Debts to pension or profit-sharin		
	☐ Yes	Other Specify Charge Acc		
4.1	Dover Fed Credit Union	Last 4 digits of account number	0200	\$3,108.00
3	Nonpriority Creditor's Name			40,100.00
	P.o. Box 02009 Dover, DE 19902	When was the debt incurred?	Opened 04/18 Last Active 9/05/19	
	Number Street City State Zip Code	As of the date you file, the claim i	s: Check all that apply	
	Who incurred the debt? Check one.	, 10 c. 110 date you me, 110 c.u.m.	or chook an anat apply	
	Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured		
	_	Student loans		
	☐ Check if this claim is for a community debt Is the claim subject to offset?	☐ Obligations arising out of a sepa report as priority claims		
	■ No	☐ Debts to pension or profit-sharin		
	☐ Yes	■ Other. Specify Unsecured		
	— 163	Other. Specify		

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T1 Carl M. Washington		Case number (if known)			
Gbs/first Electronic B	Local A dissilate of apparent number	0111	\$0.0		
Nonpriority Creditor's Name	Last 4 digits of account number		φυ.υ		
Po Box 4499 Beaverton, OR 97076	When was the debt incurred?	Opened 3/30/17 Last Active 5/06/17			
Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply			
■ Debtor 1 only	☐ Contingent				
☐ Debtor 2 only	☐ Unliquidated				
☐ Debtor 1 and Debtor 2 only	☐ Disputed				
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:			
☐ Check if this claim is for a community	☐ Student loans				
debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not			
No	Debts to pension or profit-sharing	g plans, and other similar debts			
Yes	■ Other. Specify Credit Card	<u>I</u>			
Jpmcb Card	Last 4 digits of account number	3351	\$0.0		
Nonpriority Creditor's Name			*		
Po Box 15369 Wilmington, DE 19850	When was the debt incurred?	Opened 06/07 Last Active 8/17/14			
Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply			
■ Debtor 1 only	☐ Contingent				
Debtor 2 only	☐ Unliquidated				
☐ Debtor 1 and Debtor 2 only	Disputed				
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:			
☐ Check if this claim is for a community	☐ Student loans				
debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not			
■ No	\square Debts to pension or profit-sharin	g plans, and other similar debts			
Yes	■ Other. Specify Credit Card	!			
Lending Club Corp	Last 4 digits of account number	7029	\$0.0		
Nonpriority Creditor's Name	_	On an ad 04/45 I and Anthon			
595 Market Street San Francisco, CA 94105	When was the debt incurred?	Opened 01/15 Last Active 6/12/17			
Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply			
Debtor 1 only	☐ Contingent				
☐ Debtor 2 only	☐ Unliquidated				
☐ Debtor 1 and Debtor 2 only	☐ Disputed				
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:			
☐ Check if this claim is for a community	☐ Student loans				
debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not			
■ No	Debts to pension or profit-sharing	ng plans, and other similar debts			
□Yes	■ Other. Specify Unsecured				

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Debto	r 1 Carl M. Washington	Case number (if known)								
4.1 7	Merrick Bank Corp	Last 4 digits of account number	5801	\$1,957.00						
	Nonpriority Creditor's Name Po Box 9201 Old Bethpage, NY 11804	When was the debt incurred?	Opened 05/18 Last Active 9/05/19							
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim i								
	Debtor 1 only	☐ Contingent								
	Debtor 2 only	☐ Unliquidated								
	☐ Debtor 1 and Debtor 2 only	☐ Disputed								
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:							
	☐ Check if this claim is for a community	☐ Student loans								
	debt Is the claim subject to offset?	☐ Obligations arising out of a sepa report as priority claims	ration agreement or divorce that you did not							
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts							
	Yes	Other. Specify Credit Card	<u> </u>							
4.1 8	Onemain	Last 4 digits of account number	6152	\$0.00						
	Nonpriority Creditor's Name		Opened 07/17 Last Active							
	Po Box 1010 Evansville, IN 47706									
	Number Street City State Zip Code Who incurred the debt? Check one.									
	Debtor 1 only									
	Debtor 2 only	☐ Contingent☐ Unliquidated								
	☐ Debtor 1 and Debtor 2 only	☐ Disputed	☐ Disputed							
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim: ☐ Student loans								
	☐ Check if this claim is for a community									
	debt Is the claim subject to offset?	Obligations arising out of a sepa report as priority claims								
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts							
	Yes	Other. Specify Note Loan								
4.1	Onemain	Last 4 digits of account number	6152	\$0.00						
	Nonpriority Creditor's Name Po Box 1010	_	Opened 04/18 Last Active							
	Evansville, IN 47706	When was the debt incurred?	4/18/18							
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply							
	Debtor 1 only	☐ Contingent								
	Debtor 2 only	☐ Unliquidated								
	Debtor 1 and Debtor 2 only	☐ Disputed	·							
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:								
	☐ Check if this claim is for a community	☐ Student loans								
	debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims								
	■ No	☐ Debts to pension or profit-sharing plans, and other similar debts								
	☐ Yes	■ Other. Specify Unsecured								
		Opcon ,								

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ebtor 1 Carl M. Washington		Case number (if known)	
PSECU Nonpriority Creditor's Name	Last 4 digits of account number	0009	\$4,605.00
P.o. Box 1006 Harrisburg, PA 17108	When was the debt incurred?	Opened 04/08 Last Active 6/12/16	
Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
Debtor 1 only	☐ Contingent		
Debtor 2 only	☐ Unliquidated		
Debtor 1 and Debtor 2 only	☐ Disputed		
\square At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
☐ Check if this claim is for a community	☐ Student loans		
debt Is the claim subject to offset?	report as priority claims	ration agreement or divorce that you did not	
■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
Yes	Other. Specify Credit Card	<u> </u>	
Pa Sta Empcu	Last 4 digits of account number	0009	\$4,605.00
Nonpriority Creditor's Name P.o. Box 1006 Harrisburg, PA 17108	When was the debt incurred?	Opened 4/14/08 Last Active 6/12/16	
Number Street City State Zip Code	As of the date you file, the claim i	is: Chack all that apply	
Who incurred the debt? Check one.	As of the date you me, the claim	в. Спеск ан шасарру	
■ Debtor 1 only	☐ Contingent		
Debtor 2 only	☐ Unliquidated		
Debtor 1 and Debtor 2 only	☐ Disputed		
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
☐ Check if this claim is for a community	☐ Student loans		
debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not	
■ No	Debts to pension or profit-sharin	g plans, and other similar debts	
Yes	■ Other Specify Credit Card		
Quality Asset Recovery		5167	\$100.00
Nonpriority Creditor's Name	Last 4 digits of account number		\$100.00
7 Foster Ave Gibbsboro, NJ 08026	When was the debt incurred?	Opened 07/19 Last Active 8/30/19	
Number Street City State Zip Code	As of the date you file, the claim i	is: Check all that apply	
Who incurred the debt? Check one.			
■ Debtor 1 only	☐ Contingent		
Debtor 2 only	☐ Unliquidated		
☐ Debtor 1 and Debtor 2 only	☐ Disputed		
\square At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
Check if this claim is for a community	Student loans		
debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not	
■ No	Debts to pension or profit-sharin	g plans, and other similar debts	
No		Company Account Christiana	
□Yes	Other. Specify Center For	Oms Inc	

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Debto	or 1 Carl M. Washington	Case number (if known)								
4.2	Rise	Local A. P. Storator and a contract	9265	\$0.00						
3	Nonpriority Creditor's Name	Last 4 digits of account number		\$0.00						
	4150 International Plaza Fort Worth, TX 76109	When was the debt incurred?	When was the debt incurred? Opened 11/12/15 Last Active 12/04/15							
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply							
	■ Debtor 1 only	☐ Contingent								
	☐ Debtor 2 only	☐ Unliquidated								
	☐ Debtor 1 and Debtor 2 only	☐ Disputed								
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	l claim:							
	☐ Check if this claim is for a community	☐ Student loans								
	debt Is the claim subject to offset?	Obligations arising out of a sepa report as priority claims	ration agreement or divorce that you did not							
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts							
	Yes	Other. Specify Unsecured								
4.2	Syncb/care Credit	Last 4 digits of account number	8618	\$0.00						
	Nonpriority Creditor's Name		Opened 08/13 Last Active							
	C/o Po Box 965036 Orlando, FL 32896	When was the debt incurred?	5/18/15							
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply							
	Debtor 1 only	☐ Contingent								
	Debtor 2 only	☐ Unliquidated	☐ Unliquidated							
	Debtor 1 and Debtor 2 only	☐ Disputed Type of NONPRIORITY unsecured claim: ☐ Student loans								
	☐ At least one of the debtors and another									
	☐ Check if this claim is for a community									
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	Obligations arising out of a separation agreement or divorce that you did not report as priority claims							
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts							
	Yes	Other. Specify Charge Acc	count							
4.2 5	Syncb/hsn	Last 4 digits of account number	2628	\$702.00						
	Nonpriority Creditor's Name Po Box 965017	When was the debt incurred?	Opened 03/18 Last Active 9/06/19							
	Orlando, FL 32896 Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply							
	■ Debtor 1 only	☐ Contingent								
	Debtor 2 only	-	☐ Unliquidated							
	☐ Debtor 1 and Debtor 2 only	☐ Disputed								
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured								
	☐ Check if this claim is for a community	☐ Student loans								
	debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims								
	■ No	☐ Debts to pension or profit-sharing plans, and other similar debts								
	☐ Yes	■ Other. Specify Charge Account								

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Debtor 1 Carl M. Washington			Case number (if known)				
4.2	Syncb/tops	Appliance	Last 4 digits of account number	6305		Unknown	
	Nonpriority Cred	ditor's Name	When was the debt incurred?	Opened (09/93 Last Active		
			when was the debt incurred?	3/05/98		-	
		City State Zip Code the debt? Check one.	As of the date you file, the claim	is: Check all th	at apply		
	Debtor 1 on	ly	☐ Contingent				
	Debtor 2 on	ly	☐ Unliquidated				
	Debtor 1 and	d Debtor 2 only	☐ Disputed				
	☐ At least one	of the debtors and another	Type of NONPRIORITY unsecured	d claim:			
	☐ Check if thi	is claim is for a community	☐ Student loans				
	debt	bject to offset?	Obligations arising out of a separeport as priority claims	ration agreeme	ent or divorce that you did not		
	■ No		Debts to pension or profit-sharin	g plans, and of	ther similar debts		
	Yes		Other. Specify Charge Acc			_	
4.2 7	Td Auto Fin		Last 4 digits of account number	8668		\$0.00	
				Opened (04/18 Last Active		
	Po Box 922 Farmington	-	When was the debt incurred?	4/19/18		_	
	_	City State Zip Code	As of the date you file, the claim i	is: Check all th	at apply		
		the debt? Check one.	,	or orlook all th	ас арргу		
	Debtor 1 on	lv	☐ Contingent				
	Debtor 2 on	•	☐ Unliquidated				
	Debtor 1 and	•	☐ Disputed				
		of the debtors and another	Type of NONPRIORITY unsecured	d claim:			
		is claim is for a community	☐ Student loans				
	debt	is claim is for a community	☐ Obligations arising out of a sepa	ration agreeme	ent or divorce that you did not		
	Is the claim su	bject to offset?	report as priority claims	J	•		
	No		Debts to pension or profit-sharing	g plans, and of	ther similar debts		
	☐ Yes		■ Other. Specify Automobile	•		_	
Part 3:	List Others	s to Be Notified About a Debt	That You Already Listed				
is tryi have i notifie	ng to collect fro more than one c ed for any debts	m you for a debt you owe to some creditor for any of the debts that y in Parts 1 or 2, do not fill out or s		Parts 1 or 2,	then list the collection agend	y here. Similarly, if you	
Part 4:		mounts for Each Type of Unse					
	the amounts of of unsecured cla		s. This information is for statistical r	eporting purp	oses only. 28 U.S.C. §159. Ac	ld the amounts for each	
					Total Claim		
Total	6a.	Domestic support obligations		6a. \$	0.00	_	
claims							
from Pa		Taxes and certain other debts y	<u> </u>	6b. \$	0.00	_	
	6c. 6d.	Claims for death or personal inj	ury while you were intoxicated ured claims. Write that amount here.	6c. \$ 6d. \$	0.00	_	
	ou.	Carlott And all outlot priority alloco	aroa diamie. Witto that amount horo.		0.00		
	6e.	Total Priority. Add lines 6a through	gh 6d.	6e. \$	0.00	<u> </u>	
					Tatal Otal		
	6f.	Student loans		6f. \$	Total Claim 0.00		
Total claims				Ψ		<u>. </u>	
from Pa	rt 2 6g.	Obligations arising out of a sep	aration agreement or divorce that	6a \$	0.00)	

Official Form 106 E/F

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Debtor 1 Carl M. Washington			Case nu	ımber (if known)		
	6h.	Debts to pension or profit-sharing plans, and other similar debts	6h.	\$	0.00	
	6i.	Other. Add all other nonpriority unsecured claims. Write that amount here.	6i.	\$	22,024.00	
	6j.	Total Nonpriority. Add lines 6f through 6i.	6j.	\$	22,024.00	

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Fill in this infor					
Debtor 1	Carl M. Washingt	on			
	First Name	Middle Name	Last Name	_	
Debtor 2					
(Spouse if, filing)	First Name	Middle Name	Last Name		
United States Ba	ankruptcy Court for the:	DISTRICT OF DELAWA	RE		
Case number					
(if known)					Check if this is an
					amended filing

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - ☐ Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

	Person or	company with Name, Number	whom you have the street, City, State and ZIF	e contract or lease	State what the contract or lease is for
2.1					
	Name				
	Number	Street			
	City		State	ZIP Code	_
2.2					
	Name				
	Number	Street			_
	City		State	ZIP Code	_
2.3					
	Name				
	Number	Street			<u> </u>
	City		State	ZIP Code	_
2.4					
	Name				_
	Number	Street			
	City		State	ZIP Code	_
2.5	Oity		State	ZIF Coue	
	Name				
	Number	Street			<u> </u>
	City		State	ZIP Code	_

Official Form 106G

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Fill in this	information to identify you	r case:			
Debtor 1	Carl M. Washing	gton			
	First Name	Middle Name	Last Name		
Debtor 2 (Spouse if, filir	ng) First Name	Middle Name	Last Name		
United Cto	too Donkruntov Court for the	DISTRICT OF DELAWA	DE		
United Sta	tes Bankruptcy Court for the:	DISTRICT OF DELAWA	AKE		
Case numb	ber				
(if known)					Check if this is an
					amended filing
Official	l Form 106H				
	lule H: Your Co	dehtors			12/15
Scried	ule II. I oui co	uebioi 5			12/15
our name	nd number the entries in the and case number (if known you have any codebtors? (n). Answer every question			o of any Additional Pages, write
■ No □ Yes					
L res	•				
	hin the last 8 years, have yo a, California, Idaho, Louisian				y states and territories include
■ No.	Go to line 3.				
☐ Yes	s. Did your spouse, former sp	ouse, or legal equivalent live	e with you at the time?		
in line Form	2 again as a codebtor only	<i>i</i> if that person is a guaran	tor or cosigner. Make	sure you have listed th	g with you. List the person shown ne creditor on Schedule D (Official Schedule E/F, or Schedule G to fill
(Column 1: Your codebtor			Column 2: The cre	editor to whom you owe the debt
١	Name, Number, Street, City, State and	ZIP Code		Check all schedule	es that apply:
3.1				☐ Schedule D, line	۵
	Name			Schedule E/F, I	
				☐ Schedule G, lin	
-	Number Street			_	
	City	State	ZIP Code		
3.2				☐ Schedule D, line	e
	Name			□ Schedule E/F, I	
				☐ Schedule G, line	e
7	Number Street				
	City	State	ZIP Code		

Fill	in this information to identify your c	ase:							
De	btor 1 Carl M. Was	hington			_				
1 -	btor 2								
Un	ited States Bankruptcy Court for the	: DISTRICT OF DELAY	WARE						
1	se number nown)		-				ded filing nent showi	ing postpetition following date:	
0	fficial Form 106I					MM / DD/	YYYY	-	
S	chedule I: Your Inc	ome				WIWI 7 DD7			12/15
atta	nuse. If you are separated and you ach a separate sheet to this form. It 1: Describe Employment Fill in your employment		ional pages, write yo			I case number (i	f known).	Answer every	
	information.		Debtor 1					filing spouse	
	If you have more than one job, attach a separate page with information about additional	Employment status	■ Employed□ Not employed			■ Em _l	oloyed employed		
	employers.	Occupation	Retired						
	Include part-time, seasonal, or self-employed work.	Employer's name							
	Occupation may include student or homemaker, if it applies.	Employer's address							
		How long employed t	here?						
Pa	rt 2: Give Details About Mor	nthly Income							
	imate monthly income as of the duse unless you are separated.	ate you file this form. If	you have nothing to r	eport for	any	line, write \$0 in th	e space. Ir	nclude your nor	n-filing
	ou or your non-filing spouse have more space, attach a separate sheet to		ombine the informatio	on for all e	empl	oyers for that per	son on the	lines below. If y	you need
						For Debtor 1		ebtor 2 or iling spouse	
2.	List monthly gross wages, sala deductions). If not paid monthly,			2.	\$	0.00	\$	0.00	
3.	Estimate and list monthly overt	ime pay.		3.	+\$	0.00	_ +\$ _	0.00	
4.	Calculate gross Income. Add lin	ne 2 + line 3.		4.	\$	0.00	\$	0.00	

Official Form 106l Schedule I: Your Income page 1

Debt	or 1	Carl M. Washington	=.	C	ase number (if known)				
	Cop	y line 4 here	4.		For Debtor 1		Debtor		
_	-	*				· –			_
5.		all payroll deductions:	_			•			
	5a. 5b.	Tax, Medicare, and Social Security deductions Mandatory contributions for retirement plans	5a. 5b.		0.00	\$_ \$		0.00	_
	5c.	Voluntary contributions for retirement plans	5c.		0.00	\$ -		0.00	_
	5d.	Required repayments of retirement fund loans	5d.		0.00	\$_		0.00	_
	5e.	Insurance	5e.		0.00	\$_		0.00	_
	5f.	Domestic support obligations	5f.	9	0.00	\$		0.00	_
	5g.	Union dues	5g.		0.00	\$		0.00	_
	5h.	Other deductions. Specify:	_ 5h.	.+ 3	0.00	+ \$_		0.00	_
6.	Add	the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.	\$	0.00	\$_		0.00	_
7.	Cald	culate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$	0.00	\$_		0.00	_
8.	8a.	all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a.		§0.00_	\$_		0.00	_
	8b.	Interest and dividends	8b.	. :	0.00	\$_		0.00	_
	8c.	Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c.		0.00	\$_		0.00	_
	8d. 8e.	Unemployment compensation Social Security	8d. 8e.		0.00	\$_ \$		0.00	_
	8f.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:	8f.	(0.00	\$_		0.00	_
	8g.	Pension or retirement income	8g.		1,486.83	\$_		0.00	_
	8h.	Other monthly income. Specify:	_ 8h.	+ :	0.00	+ \$_		0.00	-
9.	Add	all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$	1,486.83	\$_		0.0	0
10	Calc	culate monthly income. Add line 7 + line 9.	10.	\$	1,486.83 + \$		0.00	= \$	1,486.83
		the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.		Ψ	1,400.00		0.00		1,400.00
11.	Stat Inclu	e all other regular contributions to the expenses that you list in Schedule ude contributions from an unmarried partner, members of your household, your or friends or relatives. not include any amounts already included in lines 2-10 or amounts that are not a	depe		•		Schedule 11.		0.00
12.		the amount in the last column of line 10 to the amount in line 11. The rese that amount on the Summary of Schedules and Statistical Summary of Certainies					12.	\$	1,486.83
13.	Do	ou expect an increase or decrease within the year after you file this form	?				,	Combi month	ned y income
		No.							
	_	Voc Evoluin:							I

Official Form 106l Schedule I: Your Income page 2

Fill	in this informa	ation to identify yo	our case:					
Deb	tor 1	Carl M. Was	hington				c if this is: An amended filing	
	tor 2 ouse, if filing)						A supplement show 3 expenses as of	ving postpetition chapter
` '							•	
Unite	ed States Bank	ruptcy Court for the	: DISTRI	CT OF DELAWARE		Ņ	MM / DD / YYYY	
	e number nown)							
Of	fficial Fo	orm 106J						
Sc	chedule	J: Your	Exper	ises				12/15
info	ormation. If m		eded, atta	If two married people ar ch another sheet to this n.				
Part		ribe Your House	hold					
1.	Is this a join							
	■ No. Go to	o line 2. es Debtor 2 live	in a sonar	ata housahold?				
	□ res. Doe		iii a sepai	ate nousenoid?				
	= ::	-	st file Offici	al Form 106J-2, <i>Expenses</i>	for Separate House	ehold of Debto	or 2.	
2.	Do you hay	e dependents?	■ No					
۷.	Do not list D	•	_	Fill out this information for	Dependent's relati	ionahin ta	Dependent's	Does dependent
	Debtor 2.	ebior rand	☐ Yes.	each dependent	Debtor 1 or Debtor		age	live with you?
	Do not state	the						□ No
	dependents	names.						☐ Yes
								□ No □ Yes
					-			☐ Yes
								☐ Yes
								□No
								☐ Yes
3.	expenses of	penses include of people other t d your depende	han $_{m \Box}$	No Yes				
Part		nate Your Ongoi						
exp				uptcy filing date unless y y is filed. If this is a supp				
				government assistance i				
	value of suc ficial Form 10		d have inc	cluded it on Schedule I: Y	our Income		Your expe	enses
(,						
4.		or home owners nd any rent for th		ses for your residence. In r lot.	nclude first mortgage	4. \$		995.00
	If not include	ded in line 4:						
	4a. Real	estate taxes				4a. \$		0.00
	•	erty, homeowner's				4b. \$		0.00
				ipkeep expenses		4c. \$		100.00
5.		eowner's associat		dominium dues our residence, such as ho	me equity loans	4d. \$ 5. \$		0.00
J.	Auditional	o. igage payiii	onito for yo	rai residence, such as no	ino equity loans	υ. φ		0.00

Debtor 1	Carl M. Washington	Case num	ber (if known)	
. Uti	lities:			
6a.		6a.	\$	150.00
6b.		6b.	\$	88.00
6c.	Telephone, cell phone, Internet, satellite, and cable services	6c.	:	295.00
6d.		6d.	· -	0.00
	od and housekeeping supplies	7.	·	
			·	250.00
	ildcare and children's education costs	8.	\$	0.00
	othing, laundry, and dry cleaning	9.	\$	200.00
	rsonal care products and services	10.	\$	100.00
	dical and dental expenses	11.	\$	0.00
	insportation. Include gas, maintenance, bus or train fare.	10	¢.	100.00
	not include car payments.	12.		
	tertainment, clubs, recreation, newspapers, magazines, and books	13.	\$	100.00
. Ch	aritable contributions and religious donations	14.	\$	0.00
	urance.			
	not include insurance deducted from your pay or included in lines 4 or 20.			
	a. Life insurance	15a.		0.00
15b	b. Health insurance	15b.	\$	0.00
150	c. Vehicle insurance	15c.	\$	245.00
150	d. Other insurance. Specify:	15d.	\$	0.00
	(es. Do not include taxes deducted from your pay or included in lines 4 or 20.			
	ecify:	16.	\$	0.00
'. Ins	tallment or lease payments:			
17a	a. Car payments for Vehicle 1	17a.	\$	552.00
17t	o. Car payments for Vehicle 2	17b.	\$	0.00
170	c. Other. Specify:	17c.	\$	0.00
	d. Other. Specify:	17d.	\$	0.00
	ur payments of alimony, maintenance, and support that you did not report	as	· 	
	ducted from your pay on line 5, Schedule I, Your Income (Official Form 106I		\$	0.00
	ner payments you make to support others who do not live with you.	•	\$	0.00
Spe	ecify:	19.		
	ner real property expenses not included in lines 4 or 5 of this form or on Sc	hedule I: Yo	our Income.	
20a	a. Mortgages on other property	20a.	\$	0.00
20t	o. Real estate taxes	20b.	\$	0.00
200	c. Property, homeowner's, or renter's insurance	20c.	\$	0.00
	d. Maintenance, repair, and upkeep expenses	20d.	\$	0.00
	e. Homeowner's association or condominium dues	20e.		0.00
		21.	·	
. Ou	ner: Specify:		+4	0.00
. Cal	culate your monthly expenses			
228	a. Add lines 4 through 21.		\$	3,175.00
22t	o. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2	2	\$	<u> </u>
	c. Add line 22a and 22b. The result is your monthly expenses.		\$	3,175.00
220				3,173.00
	culate your monthly net income.			
238	a. Copy line 12 (your combined monthly income) from Schedule I.	23a.	\$	1,486.83
23b	o. Copy your monthly expenses from line 22c above.	23b.	-\$	3,175.00
	• •			
230	c. Subtract your monthly expenses from your monthly income.			
	The result is your monthly net income.	23c.	\$	-1,688.17
	you expect an increase or decrease in your expenses within the year after			
	example, do you expect to finish paying for your car loan within the year or do you expect your car loan within the year or do your car loan within the year or do your car loan within the year or do your car loan	our mortgage	payment to increas	e or decrease because of
	dification to the terms of your mortgage?			
	No			
	Yos Explain here:			

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	in this inform	ation to identify				
		ation to identify your				
Deb	tor 1	Carl M. Washingt	Middle Name	Last Name		
	tor 2	First Name	Middle News	Lord Norman		
	use if, filing)		Middle Name	Last Name		
Unit	ed States Ban	kruptcy Court for the:	DISTRICT OF DELAWAR	RE		
Cas (if kno	e number					k if this is an ded filing
		m 106Sum				-
				d Certain Statistical Information are filing together, both are equally responsible for		12/15
infor your	mation. Fill o original form	ut all of your schedul ns, you must fill out a	es first; then complete the	e information on this form. If you are filing amend the box at the top of this page.		
Part	1: Summa	rize Your Assets				
					Your a	ssets of what you own
1.	Schedule A/ 1a. Copy line	B: Property (Official Fe 55, Total real estate, f	orm 106A/B) rom Schedule A/B		\$	161,801.00
	1b. Copy line	e 62, Total personal pro	perty, from Schedule A/B		\$	32,522.00
	1c. Copy line	e 63, Total of all propert	y on Schedule A/B		\$	194,323.00
Part	2: Summa	rize Your Liabilities				
					Your li	abilities
					Amour	nt you owe
2.			laims Secured by Property (mn A, Amount of claim, at th	Official Form 106D) ne bottom of the last page of Part 1 of Schedule D	\$	171,735.00
3.			Unsecured Claims (Official I priority unsecured claims	Form 106E/F)) from line 6e of <i>Schedule E/F</i>	\$	0.00
	3b. Copy the	e total claims from Part	2 (nonpriority unsecured cla	nims) from line 6j of Schedule E/F	\$	22,024.00
				Your total liabilities	\$	193,759.00
Part	3: Summa	arize Your Income and	I Expenses			
4.		Your Income (Official Fo			\$	1,486.83
5.		Your Expenses (Officia onthly expenses from li			\$	3,175.00
Part	4: Answer	r These Questions for	Administrative and Statis	tical Records		
6.	-	• • •	er Chapters 7, 11, or 13? on this part of the form. Che	eck this box and submit this form to the court with yo	ur other sc	hedules.
7.	■ Yes What kind or	f debt do you have?				
				ebts are those "incurred by an individual primarily for for statistical purposes. 28 U.S.C. § 159.	a personal	, family, or
		ebts are not primarily rt with your other sched		e nothing to report on this part of the form. Check this	s box and s	submit this form to

Official Form 106Sum

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Debtor 1 Carl M. Washington

Case number (if known)

8. **From the** *Statement of Your Current Monthly Income*: Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

3,875.32

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

From Part 4 on Schedule E/F, copy the following:	Total clair	n
9a. Domestic support obligations (Copy line 6a.)	\$	0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$	0.00
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$	0.00
9d. Student loans. (Copy line 6f.)	\$	0.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$	0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$	0.00
9g. Total. Add lines 9a through 9f.	\$	0.00

Fill in this inforn	nation to identify your	case:			
Debtor 1	Carl M. Washingt				
Debior 1	First Name	Middle Name	Last Name		
Debtor 2					
(Spouse if, filing)	First Name	Middle Name	Last Name		
United States Bar	nkruptcy Court for the:	DISTRICT OF DELAWA	RE		
Case number					☐ Check if this is an amended filing
Official Form Declarat		n Individual	Debtor's	s Schedules	12/15
If two married pe	ople are filing together	, both are equally respor	sible for supplyi	ing correct information.	
obtaining money years, or both. 18		connection with a bank			tatement, concealing property, or 0,000, or imprisonment for up to 20
Did you pay	y or agree to pay some	one who is NOT an attor	ney to help you f	ill out bankruptcy forms?	?
■ No					
☐ Yes. N	lame of person				Bankruptcy Petition Preparer's Notice, tion, and Signature (Official Form 119)
	ty of perjury, I declare true and correct.	that I have read the sumr	mary and schedu	ules filed with this declara	ation and
X /s/ Carl	M. Washington		х		
Carl M.	Washington re of Debtor 1		Signa	ature of Debtor 2	
Date N	November 13, 2019		Date		

Fill in this inf	ormation to identify your case:						
				ieck one 2A-1Suj		irected in this form and	d in Form
Debtor 1	Carl M. Washington				<u>'</u>		
Debtor 2 (Spouse, if filing)				■ 1. Th	ere is no pres	umption of abuse	
-	s Bankruptcy Court for the: District of Delawa	re				o determine if a presu	•
						nade under <i>Chapter 7</i> icial Form 122A-2).	Means Test
Case number (if known)				_	,	does not apply now b	ecause of
						service but it could a	
				☐ Che	ck if this is a	n amended filing	
Official	Form 122A - 1						
Chapte	r 7 Statement of Your Cui	rent Moi	nthly Inc	ome)		10/19
attach a separ case number (qualifying mili	e and accurate as possible. If two married people a ate sheet to this form. Include the line number to we if known). If you believe that you are exempted fro tary service, complete and file Statement of Exemp Calculate Your Current Monthly Income	hich the addition m a presumption	nal information a of abuse becau	applies.	On the top of ail	ny additional pages, wri	te your name and or because of
1. What is	s your marital and filing status? Check one or	nly.					
■ Not	married. Fill out Column A, lines 2-11.						
☐ Mar	ried and your spouse is filing with you. Fill o	ut both Columns	A and B, lines	2-11.			
☐ Mar	ried and your spouse is NOT filing with you.	You and your	spouse are:				
	iving in the same household and are not lega				•		
р	iving separately or are legally separated. Fill enalty of perjury that you and your spouse are I ving apart for reasons that do not include evading a part for reasons that do not include evading the control of the	egally separated	d under nonbar	nkruptcy	law that applie	es or that you and you	
101(10A). F the 6 month	average monthly income that you received from all For example, if you are filing on September 15, the 6-m ns, add the income for all 6 months and divide the total on the same rental property, put the income from that p	onth period would by 6. Fill in the re	l be March 1 thro sult. Do not inclu	ugh Augu de any in	ist 31. If the amo	ount of your monthly incor ore than once. For exam	me varied during ole, if both
				Colum Debto		Column B Debtor 2 or non-filing spouse	
	ross wages, salary, tips, bonuses, overtime, deductions).	and commission	ons (before all	\$	3,621.05	\$	
	y and maintenance payments. Do not include B is filled in.	payments from	a spouse if	\$	0.00	\$	
of you from an and roo	ounts from any source which are regularly payor your dependents, including child support a unmarried partner, members of your household mmates. Include regular contributions from a sp. Do not include payments you listed on line 3.	. Include regular d, your depende	contributions nts, parents,	\$	0.00	\$	
5. Net inc	ome from operating a business, profession,						
_			otor 1				
	eceipts (before all deductions)	\$ <u>0.00</u> -\$ 0.00					
	y and necessary operating expenses nthly income from a business, profession, or far		Copy here ->	· \$	0.00	\$	
	come from rental and other real property	Ψ	.,			`	
		Deb	otor 1				
Gross r	eceipts (before all deductions)	\$ 0.00					
	y and necessary operating expenses	-\$ 0.00			2.22	•	
Net mo	nthly income from rental or other real property	\$0.00	Copy here ->		0.00	\$	
7. Interes	t, dividends, and royalties			\$	0.00	Ψ	

Official Form 122A-1

Do not enter the amount if you contend that the amount received was a benefit under the Social Security Act. Instead, list it here: For you \$ 0.00 For your spouse \$ 0.00 Pension or retirement income. Do not include any amount received that was a benefit under the Social Security Act. Also, except as stated in the next sentence, do not include any compensation, pension, pay, annuity, or allowance paid by the United States Government in connection with a disability, combat-related injury or disability, or death of a member of the uniformed services. If you received any retired pay paid under chapter 61 of title 10, then include that pay only to the extent that it does not exceed the amount of retired pay to which you would otherwise be entitled if retired under any provision of title 10 other than chapter 61 of that title. 0. Income from all other sources not listed above. Specify the source and amount. Do not include any benefits received under the Social Security Act; payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism; or compensation, pension, pay, annuity, or allowance paid by the United States Government in connection with a disability, combat-related injury or disability, or death of a member of the uniformed services. If necessary, list other sources on a separate page and put the total below. Total amounts from separate pages, if any. 1. Calculate your total current monthly income. Add lines 2 through 10 for each column. Then add the total for Column A to the total for Column B. Determine Whether the Means Test Applies to You	
Do not enter the amount if you contend that the amount received was a benefit under the Social Security Act. Instead, list it here: For you \$ 0.00 For your spouse \$ \$ Pension or retirement income. Do not include any amount received that was a benefit under the Social Security Act. Also, except as stated in the next sentence, do not include any compensation, pension, pay, annuity, or allowance paid by the United States Government in connection with a disability, combat-related injury or disability, or death of a member of the uniformed services. If you received any retired pay paid under chapter 61 of title 10, then include that pay only to the extent that it does not exceed the amount of retired pay to which you would otherwise be entitled if retired under any provision of title 10 other than chapter 61 of that title. \$ 254.27 \$ Income from all other sources not listed above. Specify the source and amount. Do not include any benefits received under the Social Security Act; payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism; or compensation, pension, pay, annuity, or allowance paid by the United States Government in connection with a disability, combat-related injury or disability, or death of a member of the uniformed services. If necessary, list other sources on a separate page and put the total below. \$ 0.00 \$ Total amounts from separate pages, if any. \$ 0.00 \$ \$ 3,875.32 + \$ 211. Calculate your total current monthly income. Add lines 2 through 10 for each column. Then add the total for Column A to the total for Column B.	
For you \$ 0.00 For your spouse \$ Pension or retirement income. Do not include any amount received that was a benefit under the Social Security Act. Also, except as stated in the next sentence, do not include any compensation, pension, pay, annuity, or allowance paid by the United States Government in connection with a disability, combat-related injury or disability, or death of a member of the uniformed services. If you received any retired pay paid under chapter 61 of title 10, then include that pay only to the extent that it does not exceed the amount of retired pay to which you would otherwise be entitled if retired under any provision of title 10 other than chapter 61 of that title. Do Income from all other sources not listed above. Specify the source and amount. Do not include any benefits received under the Social Security Act; payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism; or compensation, pension, pay, annuity, or allowance paid by the United States Government in connection with a disability, combat-related injury or disability, or death of a member of the uniformed services. If necessary, list other sources on a separate page and put the total below. \$ 0.00 \$ Total amounts from separate pages, if any. \$ 0.00 \$ \$ 0.00 \$ \$ 0.00 \$ \$ 0.00 \$ \$ 3,875.32 \$ Total amounts from separate pages, if any. \$ 3,875.32 \$ Total Determine Whether the Means Test Applies to You 2. Calculate your current monthly income for the year. Follow these steps:	
Pension or retirement income. Do not include any amount received that was a benefit under the Social Security Act. Also, except as stated in the next sentence, do not include any compensation, pension, pay, annuity, or allowance paid by the United States Government in connection with a disability, combat-related injury or disability, or death of a member of the uniformed services. If you received any retired pay paid under chapter 61 of title 10, then include that pay only to the extent that it does not exceed the amount of retired pay to which you would otherwise be entitled if retired under any provision of title 10 other than chapter 61 of that title. 254.27 \$ Income from all other sources not listed above. Specify the source and amount. Do not include any benefits received under the Social Security Act, payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism; or compensation, pension, pay, annuity, or allowance paid by the United States Government in connection with a disability, combat-related injury or disability, or death of a member of the uniformed services. If necessary, list other sources on a separate page and put the total below. 10.00 \$	
Pension or retirement income. Do not include any amount received that was a benefit under the Social Security Act. Also, except as stated in the next sentence, do not include any compensation, pension, pay, annuity, or allowance paid by the United States Government in connection with a disability, combat-related injury or disability, or death of a member of the uniformed services. If you received any retired pay paid under chapter 61 of title 10, then include that pay only to the extent that it does not exceed the amount of retired pay to which you would otherwise be entitled if retired under any provision of title 10 other than chapter 61 of that title. 1. Income from all other sources not listed above. Specify the source and amount. Do not include any benefits received under the Social Security Act; payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism; or compensation, pension, pay, annuity, or allowance paid by the United States Government in connection with a disability, combat-related injury or disability, or death of a member of the uniformed services. If necessary, list other sources on a separate page and put the total below. 1. Calculate your total current monthly income. Add lines 2 through 10 for each column. Then add the total for Column A to the total for Column B. 1. Calculate your total current monthly income. Add lines 2 through 10 for each column. Then add the total for Column A to the total for Column B.	
D. Income from all other sources not listed above. Specify the source and amount. Do not include any benefits received under the Social Security Act; payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism; or compensation, pension, pay, annuity, or allowance paid by the United States Government in connection with a disability, combat-related injury or disability, or death of a member of the uniformed services. If necessary, list other sources on a separate page and put the total below. \$ 0.00 \$ Total amounts from separate pages, if any. \$ 0.00 \$ \$ 0.00 \$ \$ 0.00 \$ \$ 3,875.32 \$ Total cultate your total current monthly income. Add lines 2 through 10 for each column. Then add the total for Column A to the total for Column B. Determine Whether the Means Test Applies to You 2. Calculate your current monthly income for the year. Follow these steps:	
Total amounts from separate pages, if any. 1. Calculate your total current monthly income. Add lines 2 through 10 for each column. Then add the total for Column A to the total for Column B. 1. Determine Whether the Means Test Applies to You 2. Calculate your current monthly income for the year. Follow these steps:	
Total amounts from separate pages, if any. 1. Calculate your total current monthly income. Add lines 2 through 10 for each column. Then add the total for Column A to the total for Column B. 1. Calculate your total current monthly income. Add lines 2 through 10 for each column. Then add the total for Column B. 1. Calculate your total current monthly income. Add lines 2 through 10 for \$ 3,875.32 + \$ 2. Calculate your current monthly income for the year. Follow these steps:	
1. Calculate your total current monthly income. Add lines 2 through 10 for each column. Then add the total for Column A to the total for Column B. \$ 3,875.32 + \$ The calculate your current monthly income for the year. Follow these steps:	
each column. Then add the total for Column A to the total for Column B. \$	
	income
12a. Copy your total current monthly income from line 11 Copy line 11 here=>	
	\$ 3,875.3
Multiply by 12 (the number of months in a year)	x 12
12b. The result is your annual income for this part of the form	12b. \$46,503.8
B. Calculate the median family income that applies to you. Follow these steps:	
Fill in the state in which you live.	
Fill in the number of people in your household.	
	54 500 0
Fill in the median family income for your state and size of household. To find a list of applicable median income amounts, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office.	13. \$54,589.0
1. How do the lines compare?	
 Line 12b is less than or equal to line 13. On the top of page 1, check box 1, <i>There is no presumption of</i> Go to Part 3. Line 12b is more than line 13. On the top of page 1, check box 2, <i>The presumption of abuse is determine</i> 	
Go to Part 3 and fill out Form 122A-2.	
tt 3: Sign Below	a in two and
By signing here, I declare under penalty of perjury that the information on this statement and in any attachment	s is true and correct.
X /s/ Carl M. Washington	
Carl M. Washington Signature of Debtor 1	

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Debtor 1	Carl M. Washington	Case number (if known)	 _
	MM/DD/YYYY		
	If you checked line 14a, do NOT fill out or file Form 122A-2.		
	If you checked line 14b, fill out Form 122A-2 and file it with this form. $ \\$		

Case number (if known)

Current Monthly Income Details for the Debtor

Debtor Income Details:

Income for the Period **05/01/2019** to **10/31/2019**.

Line 2 - Gross wages, salary, tips, bonuses, overtime, commissions

Source of Income: US Post Service

Income by Month:

6 Months Ago:	05/2019	\$2,918.24
5 Months Ago:	06/2019	\$5,303.55
4 Months Ago:	07/2019	\$5,380.04
3 Months Ago:	08/2019	\$8,124.47
2 Months Ago:	09/2019	\$0.00
Last Month:	10/2019	\$0.00
	Average per month:	\$3,621.05

Line 9 - Pension and retirement income

Source of Income: **Pension**

Income by Month:

\$0.00
\$0.00
\$0.00
819.20
706.40
254.27

United States Bankruptcy Court District of Delaware

re	Carl M. Washington	Debtor(s)	Case No. Chapter	7
	VERI	FICATION OF CREDITOR	MATRIX	
e ab	ove-named Debtor hereby verifies t	hat the attached list of creditors is true and	correct to the best	of his/her knowledge.
ate:	November 13, 2019	/s/ Carl M. Washington		
		Carl M. Washington		
		Signature of Debtor		

CARL M. WASHINGTON Case 19-12408-68 FIEND OF BYOVE 19-12408 - Page 57 AL TON ASSET RECOVERY 4 RIDLEY CT

NEW CASTLE, DE 19720

PO BOX 182120 COLUMBUS, OH 43218

7 FOSTER AVE GIBBSBORO, NJ 08026

ROBERT I. MASTEN, JR. CECCOTTI & MASTEN 262 CHAPMAN ROAD

STE. 202-2 NEWARK, DE 19702 DOVER FED CREDIT UNION

P.O. BOX 02009 **DOVER, DE 19902** RISE

4150 INTERNATIONAL PLAZA FORT WORTH, TX 76109

ALLY FINANCIAL P.O. BOX 380901

BLOOMINGTON, MN 55438

FORD MOTOR CREDIT COMP

POB 542000

OMAHA, NE 68154

SPECIALIZED LOAN SERVICING

ATTN: BANKRUPTCY

8742 LUCENT BLVD. SUITE 300 HIGHLANDS RANCH, CO 80129

AMEX

P.O. BOX 981537 EL PASO, TX 79998 GBS/FIRST ELECTRONIC B

PO BOX 4499

BEAVERTON, OR 97076

SYNCB/CARE CREDIT C/O PO BOX 965036

ORLANDO, FL 32896

BANKAMERICA

4909 SAVARESE CIRCLE

TAMPA, FL 33634

JPMCB CARD PO BOX 15369

WILMINGTON, DE 19850

SYNCB/HSN PO BOX 965017

ORLANDO, FL 32896

CAPITAL ONE AUTO FINAN CREDIT BUREAU DISPUTE

PLANO, TX 75025

LENDING CLUB CORP 595 MARKET STREET SAN FRANCISCO, CA 94105 SYNCB/TOPS APPLIANCE

CAPITAL ONE BANK USA N

PO BOX 30281

SALT LAKE CITY, UT 84130

MERRICK BANK CORP

PO BOX 9201

OLD BETHPAGE, NY 11804

TD AUTO FINANCE PO BOX 9223

FARMINGTON, MI 48333

COMENITYBANK/BRYLANEHO

PO BOX 182789

COLUMBUS, OH 43218

ONEMAIN PO BOX 1010

EVANSVILLE, IN 47706

COMENITYBANK/DOMESTICA

PO BOX 182789

COLUMBUS, OH 43218

PSECU P.O. BOX 1006

HARRISBURG, PA 17108

COMENITYCB/BLAIR PO BOX 182120

COLUMBUS, OH 43218

PA STA EMPCU P.O. BOX 1006

HARRISBURG, PA 17108